



Coastal Running League & **HARPSWELL HARRIERS**

Spring 2010 Registration Form

**Cross-country running is
an exciting sport**

With lifelong fun and fitness benefits. This program offers training and conditioning for participants. Runners compete as a team but have a sense of individual performance and accomplishment.

Weekly Competitions

Wednesdays, with similar groups from area communities. Ages: 7 & under – 1/2 mile; 8 & 9 – 3/4 mile; 10, 11 & 12 – 1 mile. Some bus transportation will be provided.

Practices

Mondays: 3:50 - 4:35 pm at Harpswell Islands School.
First meeting: Mon. May 3. First practice: Wed. May 5 at 3:50 P.M.
Parents are encouraged to walk or run, and to help with the practices.

Coaches

Chris Kinkade, Sports Coord./Coach 319-7280, (cell) 841-5042 or
ChrisKinkade@yahoo.com.
Gina Perow, Recreation Dir. 833-5771 or harpswellrec2@suscom-maine.net

Parent Participation

Parent participation is needed and appreciated. If interested, please call Chris.

Registration

Fee is \$10.00 per runner (One form for each runner). *No on-site registration.*
Late fee: additional \$5.00. **Return Completed Form to Town Office.**

Mail to:

Town of Harpswell, Recreation Dept., P.O. Box 39, Harpswell, ME 04079

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Spring 2010 Harpswell Harriers & Coastal Running League

For office use only:

_____ #R4160

Name _____ Age as of 4/30/10 _____ Female _____ Male _____

Address: _____

Parent daytime location: _____

Day Phone# _____ Evening Phone # _____ E-mail: _____

Emergency Contact #1 _____ Emergency Contact #2 _____

Medical Concerns/Restrictions _____

Prior Experience _____

Photos & videos taken may be used for local publicity

Release from Liability: In consideration of the permission granted to myself/my child by the Harpswell Harriers to participate in the practices, competitions and other activities during Spring 2010, I hereby release and discharge the Harpswell Harriers, Coastal Running League, its agents and officers, MSAD 75 and Town of Harpswell from all actions, causes of actions, damages, claims or demands which I, my heirs, executors and administrators and assigns may have against the aforementioned parties for all personal injuries, known or unknown, which my child has or may incur by participation in the above mentioned or inferred activities. I realize that I must provide my own health/accident insurance for injuries that I or my child may sustain while participating in the above mentioned activities. I know that running a road or cross country race is a potentially hazardous activity and that I assume all risks for myself and/or my child including but not limited to falls, contact with other participants or vehicles, the effects of weather including high heat and/or humidity or cold, and the conditions of the road or course. I give the supervisor permission (in my absence) to obtain whatever medical treatment may appear or be necessary in the event of illness or injury.

SIGNATURE: _____ Self () Parent () Guardian ()

RETURN COMPLETED FORM TO THE TOWN OFFICE There is an after-hour drop box to the right of the glass entrance

Flyer by **DESIGN**